U S Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT						
E (AUG152005)						
1 File Number U 8855	2 Fiscal Year Covered From					
	7 / 7 / 2004 Through 72 / 37 / 2004					
3 Name and address of person filing	4 Name file number and address of labor organization					
Name THOMAS P HAYES VE	Name PLUMBERS AND STEAMFITTERS					
	Labor Organization File Number U.A.486 526 8/0					
PO Box Bldg Room No If any	P O Box Building and Room Number if any					
Street 6 BURL CT.	Street 7830 PHILADELPHIA ZD					
City Bacrimole.	City BACTIMORE					
State // ZIP Code + 4 2/234	State MINEYUND ZIP Code + 4 2/237					
5 Position in labor organization BUSINESS 1. AG	5 Position in labor organization BUSINESS ABENT					
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name if any)  Name  Trade Name if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7 a. Nature of Interest, Transaction or Income					
	7 b Amount.					
Street + + + + + + + + + + + + + + + + + +						
City						
State ZIP Code + 4						
Signature						
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)						
Signed Thomas P. Ham	On <u>8-11-05</u> <u>    10-880-698 </u> Date Telephone Number					

Name of Person Filing / HOMAS / HAKES ~	In File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)  Name DUNBIA PROTECTION OF TRADE STREET					
10 If 9 b or 9 c. is checked give trust or employer's name  Name     Public   Stanford	11 a Nature of such dealing  CONTRACT FOR INVESTMENT				
Street GEVO BELINK KORO :					
City BALTO  State ZIP Code + 4 ZIZOC	11 b Approximate dollar value of such dealing  12 a Nature of Interest held or income received				
City BALTO 1 1	12 a Nature of Interest held or income received  12 b Amount  12 b Amount  12 parts A and B above)				
City BACTO  State ZIP Code + 4 ZIZOC  C Received from any employer (other than an employer covered under	12 a Nature of Interest held or income received  12 b Amount  12 b Amount  12 parts A and B above)				

14 b Amount of payment

13 b Is the Business an Employer

or Consultant

1

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Name of Person Filing	HOMAS F	14	たらくん	 File Number <b>U</b>	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)	9 Business deals with					
Name <i>U.M. LOCKL</i> 486						
Trade Name If any	a Labor Organization					
PO Box Bidg Room No If any	b Trust					
Street /20/ 66 57/67	( <u></u> )					
City 88170. 1 (1)1 (1)1 (1)1 (1)						
State	ا الله الله الله الله الله الله الله ال					
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing					
Name A A A A	DOCAL 486 TEANNING					
Trade Name if any	APPRENTICE TRAINING					
PO Box Bldg Room No If any						
Street	11 b Approximate dollar value of such dealing					
City	12 a Nature of interest held or income received					
State ZIP Code + 4	TERU TIGANS TO					
	The state of the s					
	12 b Amount 6 760, 50					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment					
(including trade name if any)	The state of the s					
Name IP						
Trade Name if any						
PO Box Bldg Room No if any	F					
Street						
City						
State J ZIP Code + 4						
12 h In the Duciness on Employee	14 b Amount of payment					
13 b Is the Business an Employer or Consultant ! ?						

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